NEW YORK STATE | Department of Health | Medicaid Redesign Team

Equity Programs (EP)

Demonstration Year (DY) 2 Guidance Webinar

June 2016

Today's Agenda

1. Program Overview
2. Participant Roles
3. DY1 Accomplishments and Milestones
4. EP Reporting Tables
5. DY2 Pairings & Guidance

Program Overview

What is the Program's Purpose?

- The primary purpose of the Equity Programs (EPs) is to mitigate inequities in PPS funding that arose during the DSRIP valuation process.

- The Department has designed two Equity Programs to supplement DSRIP funding for impacted PPS by incentivizing key Activities and metrics that will benefit DSRIP program goals.

- Each of the two Equity Programs benefits DSRIP goals in a different way:

  - The **Equity Infrastructure Program (EIP)** is designed to enhance a PPS's implementation of DSRIP by having the PPS undertake activities that, while not always funded through DSRIP, are vital for DSRIP's success.

  - The **Equity Performance Program (EPP)** is designed to enhance DSRIP emphasizing key DSRIP metrics that are important to the State's vision of healthcare transformation.

Equity Infrastructure Program (EIP) – Activities

Five-year total program size: $938 Million

Four out of nine activities must be chosen by PPSs participating in EIP.*

EIP Activities**
Participation in IT TOM initiatives
Participation in one of the MAX Series projects
Participation in expanded HH enrolment
EHR implementation investment
Capital spending on primary / behavioral health integration
Participation in a state recognized tobacco cessation program
Participation in state efforts to end HIV/AIDS
Participation in fraud deterrence and surveillance activities
Infrastructure spending related to SHIN-NY / RHIO

**Chosen EIP Activities can be changed annually, before the start of each Demonstration Year*

*** Note that evidence for these Activities as listed in the Evidence Guide is not exhaustive, and can be expanded on by the MCO and PPS*

Equity Performance Program (EPP) – Measures

Five-year total program size: $642 Million

Six out the twenty-five measures must be chosen by each PPS participating in EPP.*

EPP Measures**	
Children's Access to Primary Care – 12 to 24 months	Children's Access to Primary Care – 25 months to 6 years
Children's Access to Primary Care – 7 to 11 years	Children's Access to Primary Care – 12 to 19 years
Prenatal and Postpartum Care – Postpartum Visits	Prenatal and Postpartum Care – Timeliness of Prenatal Care
Well Care Visits in the first 15 months (5 or more Visits)	Childhood Immunization Status (Combination 3 – 4313314)
Frequency of Ongoing Prenatal Care (81% or more)	Follow-up care for Children Prescribed ADHD Medications – Continuation Phase
Follow-up care for Children Prescribed ADHD Medications – Initiation Phase	Chlamydia Screening (16 – 24 Years)
Lead Screening in Children	Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Medication
Med. Assist. w/ Smoking & Tobacco Use Cessation – Discussed Cessation Strategies	Comprehensive Diabetes Care
Controlling high blood pressure	Diabetes screening for persons with schizophrenia or Bipolar Disease who are using Antipsychotic Medication
Comprehensive Diabetes screening – All Three Tests	Adherence to anti-psychotic medications for individuals with schizophrenia
Diabetes monitoring for persons with schizophrenia	Behavioral Health – follow up after hospitalization for mental illness (30 day)
Initiation and Engagement in Alcohol and Other Drug Dependence Treatment (IET) within 14 days of substance abuse episode	Follow-up on Alcohol and Other Drug Dependence Treatment (IET) within 44 days of initial engagement
Behavioral Health – follow up after hospitalization for mental illness (7 day)	

**EPP metrics chosen must remain the same for all five years of the Program.*

***At least one of the six EPP measures chosen must switch to P4P in DY2 or DY3. Metrics in red switch to P4P in DY2 or DY3*

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Equity Programs Compliance & Attestation

- The State affirms that the design of the Equity Programs and the payments that have been made for the prior year are in compliance as implemented. The State will continue to monitor both Programs to ensure their continued compliance with State and Federal law.

- One compliance concern in DY1 has been PPS attestation of EIP Activity participation:

  - Due to EIP's implementation being delayed in DY1, DOH determined that if MCOs and PPSs agreed in their contracts that PPS attestation was sufficient in DY1 evidence of EIP Activity, then the MCO may forward Program payment on that basis.

  - The PPS should have the documentation for any evidence they attest to on file.

  - In DY2 onwards, attestation will be considered insufficient. Actual evidence of Activity participation will be required for the MCO to forward Program payment to the PPS.

Participant Roles

Equity Programs - Participant Roles

<table>
<tr><th></th><th>EPP</th><th>EIP</th></tr>
<tr><td rowspan="2">PPS Role</td><td colspan="2">For both programs,
• Establish contracts with MCO(s).
• Meet performance and Activity requirements in order to receive program payments via MCO(s).
• Distribute funds within PPS, with same restrictions (95/5 rule) as regular DSRIP payments.
• Report on payment distribution to demonstrate that the 95/5 Rule is followed.</td></tr>
<tr><td>• For EPP, PPS will not need to report – EPP measures are recorded automatically via regular DSRIP processes.</td><td>• For EIP, PPS will need to report and where necessary provide evidence to the MCO on its participation in EIP Activities.</td></tr>
<tr><td rowspan="2">MCO Role</td><td colspan="2">For both programs,
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• Report measure and Activity selection to the Independent Assessor.
• Report back to DOH on funds distribution.</td></tr>
<tr><td>• For EPP, direct funds to PPSs that have met performance measurement criteria.</td><td>• For EIP, direct funds to PPSs that have met program requirements.
• Report to DOH & the Independent Assessor on EIP Activities.</td></tr>
<tr><td>DOH Role</td><td colspan="2">For both programs,
• Calculate required MCO rate adjustments to fund the Programs via per-member-per-month (PMPM) add-ons
• Develop reporting guidance & templates for MCO → DOH Reporting.
• Provide guidance where needed throughout the Programs' duration.</td></tr>
</table>

Equity Programs - Participant Roles

	EPP	EIP
PPS Role	*For both programs,* • Establish contracts with MCO(s). • Meet performance and Activity requirements in order to receive program payments via MCO(s). • Distribute funds within PPS, with same restrictions (95/5 rule) as regular DSRIP payments. • Report on payment distribution to demonstrate that the 95/5 Rule is followed.	
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DY1 Accomplishments and Milestones

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DY1

EPP

- Contractual agreements in place between nearly all MCO and PPS.
- Each PPS selected six out of twenty-five EPP performance measures.

EIP

- Contractual agreements in place between nearly all MCO and PPS.
- Each PPS selected four out of nine EIP Activities.
- Successful completion of DY1.
- DY1 Program funds have been disbursed to PPS with EP contracts.
- PPS have evidence on file for all submitted attestations

EP Reporting Tables

EP Reporting Tables

- The EP Reporting Tables have been developed by DOH to be used by EP participants in order to meet their reporting expectations as part of the Programs' requirements.
- Using the DOH-provided templates is optional; however, the reporting standards must still be met.
- If an EP participant does not want to use the DOH-provided templates, an alternative template can be used, but the template must capture all of the information requested in the State-provided EP Reporting Tables.

PPS – EIP Activity Table

The following report template could be used by PPSs to track and report their EIP Activities for a given reporting period to their paired MCOs. This report would serve as 'cover page' of a report package that would also include all of the supporting documentation that would be used to prove that EIP Activities took place.

Select the PPS filling out the report

EIP Activities	Select chosen Activities (must select 4)	Did participation in selected Activity occur?	if 'Yes,' write out the title of the attached documentation supporting this claim this below. If 'no' provide a brief explanation below.	Expense Amount related to Activity participation (Only if applicable to the Activity)
Participation in IT TOM initiatives				
Participation in one of the MAX Series projects				
Participation in expanded HH enrolment				
EHR implementation investment				
Capital spending on primary / behavioral health integration				
Participation in a state recognized tobacco cessation program				
Participation in state efforts to end HIV/AIDS				
Participation in fraud deterrence and surveillance activities				
Infrastructure spending related to SHIN-NY / RHIO				
	Must Select 4			
TOTAL				**$0.00**

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MCO – EIP Activity Table

The following report template could be used by MCOs to track and report their evaluation of EIP Activity achievement for their paired PPSs to DOH. In the case of PPSs not achieving EIP activities, this report could also be used to explain the MCOs reasoning behind evaluating the PPSs evidence as insufficient.

Select the MCO filling out the report

	Activity Achieved?				
PPS 1	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Achievement Count (out of 4)
					0

	Activity Achieved?				
PPS 2	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Achievement Count (out of 4)
					0

	Activity Achieved?				
PPS 3	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Achievement Count (out of 4)
					0

MCO – EIP Activity Payment Table

The following report template could be used by MCOs to track and report their EIP-related payments made to PPSs. In the case of variance between DOH-MCO payment and subsequent MCO-PPS payment, this report could also be used to explain the variance.

Select the MCO filling out the report

		Activity Payments				
PPS 1	MCO Revenue Total	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Payment Total
						$0.00

		Activity Payments				
PPS 2	MCO Revenue Total	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Payment Total
						$0.00

		Activity Payments				
PPS 3	MCO Revenue Total	Activity 1 (select from list)	Activity 2 (select from list)	Activity 3 (select from list)	Activity 4 (select from list)	PPS Activity Payment Total
						$0.00

MCO – EPP Performance Payment Table

The following report template could be used by MCOs to track their EPP-related payments made to PPSs. In the case of variance between DOH-MCO payment and subsequent MCO-PPS payment, this report could also be used to explain that variance.

Select the MCO filling out the report

		Performance Payments						
PPS 1	MCO Revenue Total	Metric 1 (select from list)	Metric 2 (select from list)	Metric 3 (select from list)	Metric 4 (select from list)	Metric 5 (select from list)	Metric 6 (select from list)	PPS Performance Payment Total
								$0.00

		Performance Payments						
PPS 2	MCO Revenue Total	Metric 1 (select from list)	Metric 2 (select from list)	Metric 3 (select from list)	Metric 4 (select from list)	Metric 5 (select from list)	Metric 6 (select from list)	PPS Performance Payment Total
								$0.00

		Performance Payments						
PPS 3	MCO Revenue Total	Metric 1 (select from list)	Metric 2 (select from list)	Metric 3 (select from list)	Metric 4 (select from list)	Metric 5 (select from list)	Metric 6 (select from list)	PPS Performance Payment Total
								$0.00

MCO – EP Reporting & Payment Frequency Table

The following report template could be used by MCOs to report the payment and reporting frequency of their PPSs for each of the two Equity Programs to DOH, if needed.

Select the MCO filling out the report

Select the DSRIP Year for this report

	Equity Infrastructure Program (EIP)		Equity Performance Program (EPP)
PPS Group	Reporting Frequency	Payment Frequency	Payment Frequency

EP Reporting – Reporting Guidelines

The Equity Programs reports have specific reporting paths that should be followed:

Report	Completed by	Submitted to	Frequency	Location
EP Contracts	PPS & MCO	IA & DOH	Annually	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EP Frequency Table	MCO	IA & DOH	Annually	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EIP Activity Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EIP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
MCO EPP Payment Table	MCO	IA & DOH	Based on EP Contracts	dsrip_ia@pcgus.com dsrip_ssp@health.ny.gov
PPS EIP Activity Table	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	PPS	MCOs	Based on EP Contracts	MCO contact emails
Supporting Documentation for EIP Activity participation	MCO (reviewed by MCO after being sent by PPS)	IA	Based on EP Contracts	dsrip_ia@pcgus.com

DY2 Pairings & Guidance

EIP Pairings Table

PPS	MCO												
		Affinity Health Plan	Amerigroup	HealthFirst	HealthNow	Health Insurance Plan	Hudson Health Plan	IHA	Metro Plus	Fidelis	Today's Options	United Health Plan	YourCare	**Total PPS Award**
	Advocate Community Providers	$2,424,076	$5,599,273	$13,649,410	$0	$0	$0	$0	$3,726,371	$7,418,074	$0	$2,143,674	$0	**$34,960,878**
	Bronx-Lebanon Hospital Center	$1,235,727	$1,002,451	$3,151,232	$0	$0	$0	$0	$1,032,479	$1,505,388	$0	$0	$0	**$7,927,277**
	Central New York Care Collaborative, Inc.	$0	$0	$0	$0	$0	$0	$0	$0	$11,414,893	$2,277,929	$3,689,524	$0	**$17,382,346**
	Maimonides Medical Center	$0	$6,269,107	$5,581,778	$0	$1,546,836	$0	$0	$2,523,976	$3,774,417	$0	$6,866,713	$0	**$26,562,827**
	Millennium Collaborative Care	$0	$0	$0	$716,613	$0	$0	$1,056,367	$0	$1,377,887	$0	$0	$803,053	**$3,953,920**
	Montefiore Medical Center	$2,062,728	$0	$0	$0	$0	$6,350,154	$0	$0	$3,771,797	$0	$0	$0	**$12,184,679**
	Mount Sinai PPS, LLC	$1,467,996	$3,984,792	$8,175,377	$0	$2,957,818	$0	$0	$2,700,514	$4,532,702	$0	$1,581,868	$0	**$25,401,067**
	Nassau Queens PPS, LLC	$676,535	$1,053,158	$1,378,090	$0	$976,786	$0	$0	$388,977	$1,329,331	$0	$1,066,533	$0	**$6,869,410**
	New York-Presbyterian/Queens	$0	$447,539	$757,571	$0	$149,270	$0	$0	$179,286	$305,165	$0	$196,998	$0	**$2,035,829**
	NYU Lutheran Medical Center	$0	$2,188,935	$992,895	$0	$391,619	$0	$0	$0	$424,775	$0	$1,545,819	$0	**$5,544,043**
	Refuah Community Health Collaborative	$0	$0	$0	$0	$0	$0	$0	$0	$2,357,889	$0	$0	$0	**$2,357,889**
	SBH Health System	$3,736,968	$1,697,415	$9,095,929	$0	$1,716,903	$0	$0	$1,801,385	$3,079,975	$0	$0	$0	**$21,128,575**
	Sisters of Charity Hospital of Buffalo, NY	$0	$0	$0	$759,587	$0	$0	$974,364	$0	$2,258,837	$0	$0	$778,548	**$4,771,336**
	State Univeristy of New York at Stony Brook University Hospital	$1,846,215	$0	$2,711,826	$0	$1,808,953	$0	$0	$0	$2,758,804	$0	$2,668,526	$0	**$11,794,324**
	The New York and Presbyterian Hospital	$962,795	$497,630	$2,522,501	$0	$0	$0	$0	$0	$742,674	$0	$0	$0	**$4,725,600**
	Total MCO Funding	**$14,413,040**	**$22,740,300**	**$48,016,609**	**$1,476,200**	**$9,548,185**	**$6,350,154**	**$2,030,731**	**$12,352,988**	**$47,052,608**	**$2,277,929**	**$19,759,655**	**$1,581,601**	**$187,600,000**

Note 1: Values in the table represent DSRIP Year (DY) 2 base amounts. Values remain constant for the 5 years of the Equity Programs.
Note 2: Amounts listed are PPS award amounts and do not include administrative or surplus fees.

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EPP Pairings Table

PPS	MCO												
		Affinity Health Plan	Amerigroup	Fidelis	Health Insurance Plan	Healthfirst	HealthNow	IHA	Metro Plus	MVP	Today's Options	United Health Plan	YourCare	**Total PPS Award**
	Advocate Community Providers	$1,616,050	$3,732,849	$4,945,383	$0	$9,099,607	$0	$0	$2,484,247	$0	$0	$1,429,116	$0	$23,307,252
	Bronx-Lebanon Hospital Center	$823,818	$668,301	$1,003,592	$0	$2,100,821	$0	$0	$688,320	$0	$0	$0	$0	$5,284,852
	Central New York Care Collaborative, Inc.	$0	$0	$7,973,519	$0	$0	$0	$0	$0	$0	$2,486,038	$2,577,202	$0	$13,036,759
	Lutheran Medical Center	$0	$1,459,290	$283,184	$261,079	$661,930	$0	$0	$0	$0	$0	$1,030,546	$0	$3,696,029
	Maimonides medical Center	$0	$4,179,405	$2,516,278	$1,031,224	$3,721,185	$0	$0	$1,682,651	$0	$0	$4,577,808	$0	$17,708,551
	Millennium Collaborative Care (ECMC)	$0	$0	$1,033,415	$0	$0	$537,460	$792,275	$0	$0	$0	$0	$602,290	$2,965,440
	Montefiore Hudson Valley Collaborative	$1,375,152	$0	$2,514,531	$0	$0	$0	$0	$0	$4,233,436	$0	$0	$0	$8,123,119
	Mount Sinai Hospitals Group	$978,664	$2,656,528	$3,021,801	$1,971,879	$5,450,252	$0	$0	$1,800,342	$0	$0	$1,054,579	$0	$16,934,045
	Nassau Queens PPS	$507,401	$789,869	$996,997	$732,590	$1,033,567	$0	$0	$291,734	$0	$0	$799,899	$0	$5,152,057
	Refuah Community Health Collaborative	$0	$0	$1,571,926	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,571,926
	SBH Health System (St. Barnabas)	$2,491,312	$1,131,610	$2,053,317	$1,144,602	$6,063,953	$0	$0	$1,200,923	$0	$0	$0	$0	$14,085,717
	Sisters of Charity Hospital of Buffalo, NY	$0	$0	$1,505,892	$0	$0	$506,391	$649,576	$0	$0	$0	$0	$519,032	$3,180,891
	Stony Brook University Hospital	$1,384,661	$0	$2,069,103	$1,356,715	$2,033,869	$0	$0	$0	$0	$0	$2,001,395	$0	$8,845,743
	The New York and Presbyterian Hospital	$641,864	$331,753	$495,116	$0	$1,681,668	$0	$0	$0	$0	$0	$0	$0	$3,150,401
	The New York Presbyterian Queens	$0	$298,359	$203,443	$99,513	$505,049	$0	$0	$119,522	$0	$0	$131,332	$0	$1,357,218
	Total MCO Funding	**$9,818,922**	**$15,247,964**	**$32,187,497**	**$6,597,602**	**$32,351,901**	**$1,043,851**	**$1,441,851**	**$8,267,739**	**$4,233,436**	**$2,486,038**	**$13,601,877**	**$1,121,322**	**$128,400,000**

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Contracts and Contract Extension Guidance

- The State expects MCOs and PPS to either renew contracts over the course of the Programs or create a contract that lasts for the Programs' duration. Ultimately, it is the responsibility of the participants to negotiate contracts that are acceptable to all parties, so that all aspects of the Program can progress uninterrupted.

- Participants should inform the Department of any expected delay between the expiration of DY1 contracts and the completion of contracts for DY2. Otherwise, DOH assumes contracting is moving forwards without issue.

- Participants should include in their contracts a remediation period, in order to resolve any disputes that may arise during the duration of the Programs.
    - Participants should also inform the Department if contracting issues arise, or if an EP partner is not meeting Program expectations.

EIP Financial Substantiation Guidance

- In March of 2016, DOH released recommendations for which EIP Activities should be accompanied by financial substantiation.
  - o While most Activities do not warrant financial proof of investment, ultimately, the discretion will be left to EP partners.
    a) The document is only to provide guidance and recommendations to the MCOs and PPS.
    b) The requirements should be identified in the EP contracts.

- For the Activities that do warrant financial proof of investment, DOH understands and expects that there will be variance between EIP funds paid to the PPS and PPS expenses towards those EIP activities - a dollar-to-dollar match is not expected.
  - o Instead, “meaningful investment” is expected to be shown.

EP Metric and Activity Guidance

- Measures in EPP follow the same P4R/P4P schedule as they do in DSRIP. In cases where in DSRIP the measure switches from P4R to P4P midway through the year, so too will it switch in EPP – payment will therefore be half P4R, half P4P in that year.

- If DOH finds there is an issue with low denominators putting EPP measurement at risk, it reserves the right to change EPP measurement selections during the midpoint assessment.

- For a given PPS, the four EIP Activities and six EPP measures can be the same across MCO partners. It is reasonable to ask the MCOs to be flexible and to help the PPS maintain one set of four Activities for EIP and one set of six measures for EPP.

- **Note:** *PPSs have the opportunity to select a new set of EIP Activities each year by updating their contracts and submitting them to DOH before the start of the next DSRIP year, which begins on April 1st.*

Funds Flow Guidance

- The State does not expect MCOs to advance program funds for the Equity Programs. It is the State's commitment to ensure that MCOs have adequate resources to administer the Program without having MCOs advance their own funds prior to receiving funding from the State.

- Furthermore, the Equity Programs are never paid prospectively, meaning an MCO should only forward funds to PPS once the PPS successfully meets its metrics for EPP, or provides evidence of EIP Activities accomplished within that reporting period.

- As with DSRIP, once a PPS achieves its Activities or its metrics consistent with contractual requirements, the MCO may then award payment. The MCO is not responsible for auditing the PPS's expenditure of EP payments. The MCO's responsibility is to ascertain that EP satisfies State-defined goals, not to be an auditor of awarded funds.
    - o DOH will audit EP funds flow through IPP, in the same manner as in DSRIP.

Unearned EP Payment Guidance

- If a PPS fails to meet its chosen EPP performance requirements, or fails to participate in its chosen EIP Activities, it will not earn its full EP funding for the year.

- The MCO will retain that year's unearned EP funding. DOH will then revise the PMPM rate for the following year, to correct for this difference. This will in effect mean that the MCO receives no additional funding as a result of its PPS not earning full EP payment, because the PMPM rate will always be revised to ensure it has just enough to pay the PPS its full allocated EP funding for the next year.

- The excess EP money that does not go into the MCO's PMPM rate will thus be retained by DOH. It will then be moved to the Additional High Performance Program (AHPP), open only to EP eligible PPS, thus increasing the overall reward for the AHPP.

EIP DY1 Underpayment Guidance

- In EIP this year, there have been instances where a PPS has received less than the full annual amount that was allocated to it from at least one of its paired MCOs, despite submitting satisfactory information pertaining to the completion of its selected EIP activities for the year.

- The cause of this underfunding is related to the MCO PMPM rates for EIP that were set in April of 2015. If an MCO's Medicaid enrollment declined because of member shifts throughout 2015, the MCO would have received a lower overall EIP payment and therefore would be unable to effectuate the full payment.

- Impacted MCOs will get the remainder of the DY 1 EIP funds by mid-July and will be able to distribute those funds to eligible PPS consistent with their completion of DY1 requirements.

EPP Rate Development Guidance

- EPP officially began in April 2016, and the rate development process was started shortly afterwards. However, the CMS and actuarial approval process has been delayed, meaning that the process is now lagging behind schedule.

- The Department is aware of this situation, and wants to make known to all EP participants that there is now a chance that the Independent Assessor will come out with EPP performance results for DY1 before the MCO will have the money to effectuate payment to their PPS.

- Like with the underpayment in EIP, once the rates are approved retroactive payment for all past months will be immediately effectuated, in order to make all affected PPS whole.

- The Department expects April 2016 rates to be approved by July-August 2016.

Comments?

For any further questions, please contact the Supplemental Programs inbox:

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